

How to Complete F204 - Power of Attorney



NYC EMPLOYEES' RETIREMENT SYSTEM

All Tiers

August 2021



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Long Island City, NY 11101



NYCERS USE ONLY

F204

New York Public Employee Retirement System Special Durable Power of Attorney

This is a Public Retirement System Special Power of Attorney prepared pursuant to General Obligations Law Article 5, Title 15. This form has been prepared and circulated by the public retirement systems listed below as a convenience to their members, retirees and beneficiaries. This form is limited to retirement benefit transactions involving those retirement systems and does not apply to any other matters. If you have any questions regarding this form, please contact NYCERS' Call Center at (347) 643-3000.

To validly execute the document:

- You must sign on page 3 in the presence of a notary, who must complete the acknowledgment; and
- You must sign in the presence of two (2) disinterested witnesses (one of whom may be the notary). These witnesses must also sign and provide their information on page 4; and
- Your agent(s) must sign on page 5 in the presence of a notary, who must complete the acknowledgment.
- If you have more than one primary agent and intend to grant your primary agents the authority to act separately, you must place your initials next to the statement: "My PRIMARY agents may act SEPARATELY."
- If you have more than one successor agent and intend to grant your successor agents the authority to act separately, you must place your initials next to the statement: "My SUCCESSOR agents may act SEPARATELY."

Member Number	OR	Pension Number	Last 4 Digits of SSN	Daytime Phone Number
				()
First Name		M.I.	Last Name	

- a. **PURPOSE CLAUSE:** The purpose of this Power of Attorney document is to authorize my agent to act in my name, place and stead with respect to retirement benefit transactions and my interest in benefits provided by one or more of the public retirement systems listed below pursuant to the Retirement and Social Security Law, the Education Law and the Administrative Code of the City of New York, as applicable.

Please Note: By executing this special Power of Attorney without placing any limitations in Section (g), "MODIFICATIONS," you are authorizing your agent to conduct ANY transaction that you would be authorized to do (discuss retirement benefits, request access to personal information, change depository account information, etc.) to the exclusion of naming themselves as beneficiary unless your agent is an immediate family member or domestic partner. To grant your agent the authority to designate themselves as your beneficiary, you must grant such power by initialing one of the statements in Section (g), "MODIFICATIONS."

A public retirement system for the purposes of this form shall include:

1. The New York State and Local Employees' Retirement System
2. The New York State and Local Police and Fire Retirement System
3. The New York State Teachers' Retirement System
4. The New York City Employees' Retirement System
5. The New York City Teachers' Retirement System
6. The New York City Police Pension Fund
7. The New York City Fire Department Pension Fund
8. The New York City Board of Education Retirement System

- b. **CAUTION TO THE PRINCIPAL:** Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent," referred to herein as "agent" or "agents" where applicable to both PRIMARY and SUCCESSOR agents) authority to engage in retirement benefit transactions during your lifetime without telling you. You, however, do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, they must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent's responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public. You can request information from your agent at any time. If, by executing this Special Power of Attorney, you are revoking a prior authority with respect to retirement benefit transactions relating to an interest in any of the above-listed public retirement systems made under a previous Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including any appropriate public retirement system.

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PRINCIPAL - Sign this form and have it notarized, Page 3

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Member Number	Pension Number	Last 4 Digits of SSN

You can revoke or terminate your Power of Attorney at any time, for any reason, as long as you are of sound mind. The subsequent incapacity of a principal shall not revoke or terminate the authority of an agent who acts under a durable Power of Attorney. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.nysenate.gov or www.nyassembly.gov.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

c. DESIGNATION OF AGENT(S):
1. PRIMARY Agent(s)

I, _____,
(insert your Name and Address)

If you have more than one PRIMARY agent and would like them to be able to act SEPARATELY, you MUST initial here.

Name(s) and Address(es) of Agent(s)

as my PRIMARY agent(s).

If you designate more than one PRIMARY agent above, they must act together unless you INITIAL the statement below.

My PRIMARY agents may act SEPARATELY.

d. This SPECIAL POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise on page 3, under "MODIFICATIONS."

e. This SPECIAL POWER OF ATTORNEY DOES NOT REVOKE any prior Power of Attorney previously executed by me unless I have stated otherwise on page 3, under "MODIFICATIONS."

If you do NOT intend to revoke your prior Power of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under "MODIFICATIONS" that the agents with the same authority are to act together.

If you have more than one SUCCESSOR agent and would like them to be able to act SEPARATELY, you MUST initial here.

unwilling to serve, I appoint as my SUCCESSOR agent(s):

Name(s) and Address(es) of Successor Agent(s)

If you designate more than one agent above, they must act together unless you INITIAL the statement below.

My SUCCESSOR agents may act SEPARATELY.

f. GRANT OF AUTHORITY: By executing this Power of Attorney, I grant the authority to my agent to act in my name, place and stead with respect to retirement benefit transactions involving any applicable public retirement system of the State. This specific authority shall include the ability to:

1. Prepare, execute, deliver, submit and/or file any document or instrument;
2. Make investment directions;
3. Select and change payment options;
4. Make deposits and change direct deposit instructions for jointly held accounts;

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Member Number Pension Number Last 4 Digits of SSN

Empty box for NYCERS USE ONLY

If you wish to give your agent the authority to designate themselves as a beneficiary for any NYCERS benefit, you must initial one of the options in section g. If one of the options in g is not initialed, your agent will only be able to designate a person other than themselves as a beneficiary.

retirement and/or death benefit; provided, however, that the agent may be agent has the ability under Section (g), "MODIFICATIONS;" and regard to any retirement benefit provided by any applicable public as, or otherwise for purposes which the agent reasonably deems to be

g. MODIFICATIONS (OPTIONAL): In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent and language to grant your agent(s) the specific authority to designate themselves as your beneficiary:

(1) If you intend to grant your agent(s) authority to designate themselves as beneficiaries, you must place your INITIALS next to ONE of the following statements:

- Initial box: All of my agents, including all of my PRIMARY and SUCCESSOR agents named herein, have the authority to designate themselves as my beneficiary/beneficiaries. OR Initial box: I grant the following specifically named agents the authority to designate themselves as my beneficiary/beneficiaries:

Name(s) of Agent(s)

(2) Please include any additional provisions, including any limitations or supplement authority, below:

TERMINATION: This Special Power of Attorney continues until I revoke it, or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law. Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

ACCEPTANCE BY THIRD PARTIES AND COPY/FACSIMILE CLAUSE: To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination

The Principal (NYCERS Member or Retiree) must sign here.

ty, and I for myself and for my heirs, executors, legal representative third party from and against any and all claims that may arise again ovisions of this instrument. This Special Power of Attorney may be

The Principal must enter the date the POA is signed here.

In Witness Whereof I have hereunto signed my name on _____ 20__ . Month/Day Year

Signature of Principal _____ Date _____ SIGN HERE ENTER DATE HERE

This form must be acknowledged before a Notary Public or Commissioner of Deeds

The Principal's name must be entered here.

ty of _____ On this ____ day of _____, 20____, I, _____ personally _____ to me known, be the individual described in and who executed the foregoing instrument, and they that they executed the same, and that the statements contained therein are true.

The Notary must sign on or after the date the Principal has signed. If the Notary signs before the Principal the form will be deemed INVALID.

Signature of Notary Public or Commissioner of Deeds _____ Official Title _____ Expiration Date of Commission _____

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Member Number	Pension Number	Last 4 Digits of SSN

h. SIGNATURES OF WITNESSES: By signing as a witness, I acknowledge that the principal signed this instrument in my presence and the presence of the other witness, or that the principal acknowledged to me that the principal's signature was affixed by them or at their direction. I also acknowledge that the principal has stated that this instrument reflects their wishes and that they have signed it voluntarily. I am not named herein as a permissible recipient of the principal's benefits from a public retirement system.

_____ Signature of Witness 1	_____ Signature of Witness 2
_____ Date	_____ Date
_____ Print name	_____ Print name
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code

Please Note: The person who takes the acknowledgment may also serve as one of the witnesses.

i. IMPORTANT INFORMATION FOR THE AGENT: When you accept the authority granted under this Power of Attorney, a special legal relationship is created that imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated. You must act in accordance with the principal's instructions, in the principal's best interest; unless otherwise permitted by law; and in the principal's best interest when printing the principal's name and signing the instrument.

Two witnesses ARE REQUIRED. One may be the Notary. The agent CANNOT sign as a witness. If the agent signs as a witness or two witnesses are not entered here, this form will be deemed INVALID.

(Principal's Name) _____
(Your Signature) _____

Please Note: You may not act to benefit yourself or anyone else unless permitted by law or in accordance with this Special Power of Attorney. Under this Special Power of Attorney, you may not designate yourself as a beneficiary of any of the principal's benefits **unless** you have been specifically granted such authority in this Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest. You may resign by giving written notice to the principal and to any co-agent, or the principal's guardian, if one has been appointed.

If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.

R06/21 **PRINCIPAL - Sign this form on Page 3 and have it notarized; WITNESSES - Sign this form, THIS PAGE** Page 4 of 6



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If there is more than one PRIMARY agent, each PRIMARY agent must sign and date separately, but they do NOT have to sign on the same date. Each PRIMARY agent's signature must be notarized.

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Member Number Pension Number Last 4 Digits of SSN

Each of the PRIMARY agent's name(s) must be written here (if there is more than one PRIMARY agent).

READ AND ACKNOWLEDGE same time for that mul

The PRIMARY agents must enter the date the POA is signed here. The agent may sign this document at any time ON OR AFTER the Principal. The agent may not sign this document before the Principal; doing so will deem the form INVALID.

I/we acknowledge my/our legal responsibilities.

I/we, _____, have read the foregoing Special Durable Power of Attorney. I am/we are the person(s) identified therein as PRIMARY agent(s) for the principal named therein. I/we acknowledge my/our legal responsibilities.

The PRIMARY agent must sign here.

Signature of PRIMARY Agent - 1 SIGN HERE ENTER DATE HERE Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

The PRIMARY agent's name(s) must be entered here.

On this ___ day of _____, 20___, personally _____ to me known, _____ individual described in and who executed the foregoing instrument, and they executed the same, and that the statements contained therein are true.

The Notary must sign on or after the date the agent has signed. If the Notary signs before the agent, the form will be deemed INVALID.

Signature of Notary Public or Commissioner of Deeds Official Title _____ Expiration Date of Commission _____

Signature of PRIMARY Agent - 2 SIGN HERE ENTER DATE HERE Date

This form must be acknowledged before a Notary Public or Commissioner of Deeds

Each PRIMARY agent must sign separately and follow the guidelines above.

On this ___ day of _____, 20___, personally _____ to me known, _____ and who executed the foregoing instrument, and they executed the same, and that the statements contained therein are true.

If you have an official seal, AFFIX IT

Official Title _____ Expiration Date of Commission _____

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PRIMARY AGENT(S) - Sign this form and have it notarized, THIS PAGE

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Each of the SUCCESSOR agent's name(s) must be written here (if there is more than one SUCCESSOR agent).

The SUCCESSOR agents must enter the date the POA is signed here. The SUCCESSOR agent may sign this document at any time ON OR AFTER the Principal. The agent may not sign this document before the Principal; doing so will deem the form INVALID.

Last 4 Di
AND A
principal and the SUCCESSOR agent(s) sign at the
SUCCESSOR agents cannot use this Power of Attorn
to serve.

I/we, _____,
I am/we are the person(s) identified therein as SUCCESSOR agent(s)

If there is more than one SUCCESSOR agent, each SUCCESSOR agent must sign and date separately. Each SUCCESSOR agent's signature must be notarized.

Signature of SUCCESSOR Agent - 1 _____ Date _____
SIGN HERE ENTER DATE HERE

This form must be acknowledged before a Notary Public or Commissioner of Deeds

The SUCCESSOR agent's name(s) must be entered here.

On this ____ day of _____, 20____, personally
to me known,
the individual described in and who executed the foregoing instrument, and they
they executed the same, and that the statements contained therein are true.
or Commissioner of Deeds
Official Title _____ Expiration Date of Commission _____

The Notary must sign on or after the date the agent has signed. If the Notary signs before the agent, the form will be deemed INVALID.

Signature of SUCCESSOR Agent - 2 _____ Date _____
SIGN HERE ENTER DATE HERE

This form must be acknowledged before a Notary Public or Commissioner of Deeds

Each SUCCESSOR agent must sign separately and follow the guidelines above.

On this ____ day of _____, 20____, personally
to me known,
and who executed the foregoing instrument, and they
e, and that the statements contained therein are true.
Signature of Notary Public or Commissioner of Deeds
Official Title _____ Expiration Date of Commission _____

If you have an official seal, AFFIX IT

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SUCCESSOR AGENT(S) - Sign this form and have it notarized, THIS PAGE

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